**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZ	ATION		
1 Ottown 1	(See instructi	ions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Endo Pharmac	euticals Inc Political Action Co	ommittee (ENDO PAC)		
		11111111		11111111
ADDRESS (number and s	treet) 100 Endo Boulevar	d 		
(Check if address is changed)				
	Chadds Ford		PA	19317   - [
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one			
(Check if address is changed)	rosenthal.joseph@	endo.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 7	/ D D / Y Y Y Y Y D D / 2011			
3. FEC IDENTIFICATION	TION NUMBER	C C00452052		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	)	
Logrify that I have examin	ned this Statement and to the best of my kr	nowledge and helief it is true corre	act and complete	
rectary that rriave exami	·	-	ot and complete	
Type or Print Name of	Treasurer Joseph Rosent	hal		
Signature of Treasurer	Electronically Filed by Joseph F	Rosenthal	Date 0,7	07 / 2011
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this		
Office Use		For further informat	ion contact:	FEC FORM 1
Only		Toll Free 800-424-95	30	(Revised 02/2009)